implete and mail this form, together with applicable fees, to:

PART B-ISSUE FEE TRANSMITTAL

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

PM62/0921

TAMBA AL BUIGHT

MARSHALL, XXXXXXXX, AFRETEIR, XXXXXXX R DO

LO SEARCE TOWER 11 SOUTH WASKER DEIVE

mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Note: The certificate of mailing below can only be used for domestic

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Paul	B. Stephens	(Depositors name)
	ou Stel	WEWS (Signature)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT	
09/234,027	12/10/09	522 RI	10000 T	15.04	09/01/01
ant (amed		71 331	104 (1) (1)		: .

ITLE OF BERTLISIT TOTAL TYPE L **NENTION**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
77	0/16-1201	. 160 M.			11040.00	11, <u>2</u> 4/6
Change of correspondence address Use of PTO form(s) and Customer	s or indication of "Fee Addres Number are recommended, b	s" (37 CFR 1.363). ut not required.	(1) the names of attorneys or age	the patent front page, list up to 3 registered paten ents OR, alternatively, (2	1 1 <u>Marshall,</u>	
Change of correspondence address PTO/SB/122) attached.	ress (or Change of Correspond	dence Address form	member a regis	single firm (having as a stered attorney or agent from to 2 registered pater) <u>2 Gerstein,</u>	

SIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) LEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filing an assignment

(A) NAME OF ASSIGNEE Rite-Hite Holding Corporation

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Milwaukee, Wisconsin

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual

X corporation or other private group entity

government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

3 & Borun

X Issue Fee

attorneys or agents. If no name is listed, no

name will be printed.

- X Advance Order # of Copies ______10____
- 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 13-2855 (ENCLOSE AN EXTRA COPY OF THIS FORM)
 - X Issue Fee

Advance Order - # of Copies

The COMMUSSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Date) (Authorized Signature) NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.